## F050003473

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**NAME**: A.G. VAN METRE SERVICES INC

TYPE OF FILING: CHANGE OF AGENT

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AUTHORIZATION: ABBIE/PAUL HODGE

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: A.G. VAN METRE SERVICES, INC.

Name of Corporation

DOCUMENT NUMBER: F05000003473

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ryan DeAnda

Name of Contact Person

**Registered Agent Solutions** 

Firm/Company

1701 Directors Blvd., Suite 300

Address

Austin, TX 78744

City/State and Zip Code

clientservices@rasi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ryan DeAnda

.888

705-7274

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

sidement of c	te provisions of sections 607,0502, 617,0502, 607,1508, or 617,1508, Florida Statutes, the hunge is submitted for a corporation organized under the laws of the State of Viginia der to change its registered office or registered agent, or both, in the State of Florida.	is	
I. The name o	of the corporation: A.G. VAN METRE SERVICES, INC. al office address: 9900 MAIN STREET SUITE 500 FAIRFAX, VA 2203	31	<u> </u>
3. The mailing	g address (if different):	**** ***** ** ** * *** **	
4. Date of inco	proporation/qualification: 06/14/2005 Document number: F0500000347	3	<del></del>
	nd street address of the current registered agent and registered office on file with the surment of State: (If resigned, enter resigned)	224 (1)	<u>.,,</u>
	NRAI SERVICES, INC		•
	1200 South Pine Island Road		ر 2 المال
	Plantation, FL 33324	<u></u>	(0
6. The name ar (if changed)	nd street address of the new registered agent (if changed) and /or registered office :		<u>دن</u> ون
	Registered Agent Solutions, Inc.	<b>*</b>	
	155 Office Plaza Dr. Suite A		
	Tallahassee, FL 32301		
The street addr as changed wil	ress of its registered office and the street address of the business office of its registered if he identical.	agent.	
_	vas authorized by resolution duly adupted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.		
Kn	Kenneth A. Ryan, CFO  Were of an address or Byrectur  Prented or byed #1650 (61) (1)		
l hereby accep l juriher agrée octformance o	in the appointment as registered agent and agree to uct in this capacity.  If the appointment as registered agent and agree to uct in this capacity.  In comply with the provisions of all statutes relative to the proper and complete finy duties and I am funditar with and accept the obligation of my position as register his document is being filed merely to reflect a change in the registered office address, a that the forperation has been notified in writing of this change.	red !	
	JUNG 24 2045		
•	chalf of an entity:		
John Chris	•		
	Pyped or Printed Name		
	* * * FILING FER: \$35.00 * * *		

5)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOY 6327, TALI AHASSEE, FL 32314 CR2E045 (65/12)